

**Mason Square Healthy Neighborhoods Fund
2009 Mini-Grant Qualifying Process
Application Cover Sheet**

Name as it appears on 501(c)(3) Determination Letter:			
Are you acting as a fiscal sponsor for this grant application?: No _____ Yes _____ <i>(If Yes, please complete attached fiscal sponsor form)</i>			
Street Address:			
City:	State:	Zip:	
Phone No:	Fax No:		
CEO:	Title:		
CEO Email Address:			
Fiscal Year (Month & Day): From ____/____/____ to ____/____/____			
Web Address:			
Type of Mini-grant (Check ✓ one type)			
<input type="checkbox"/> Stepping Stones to Health & Well being			
<input type="checkbox"/> Small Acts to Improve Community Health			
<input type="checkbox"/> Restoring Health Justice/Reducing Health Inequities			
Health Focus Areas (Check ✓ one area):			
<input type="checkbox"/> Nutrition & Fitness	<input type="checkbox"/> Teens & Youth Development	<input type="checkbox"/> Other (explain):	
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Health Protective Factors		
<input type="checkbox"/> Violence	<input type="checkbox"/> Birth Outcomes		
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Environmental		

PROJECT INFORMATION

Contact Person:	Title:
Phone No:	Fax No:
EMail:	
Name of Project to be Funded:	
Project Summary:	
Target Population:	Amount Requested:
Project Start Date: ____/____/____	Project End Date: ____/____/____